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nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/616,542 TRANSMITTAL Filing Date July 10, 2003 First Named Inventor **FORM** BUCHANAN, William D. Art Unit 2836 **Examiner Name** SQUIRES, Brett S. (to be used for all correspondence after initial filing) Attorney Docket Number AVI 1010-02US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) The Information Disclosure Statement submitted herewith is being filed under 37 C.F.R. § 1.97 Reply to Missing Parts/ (b) (4), before the mailing of a first Office action after the filing of a request for continued Incomplete Application examination under § 1.114. Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name The Law Office of John A. Griecci Signature Printed name John A. Griecci Date Reg. No. March 8, 2006 39,694 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date John A. Griecci March 8, 2006 Typed or printed name

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Substitute for form 1449/PTO		re required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known		
			Application Number	10/616,542
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			Filing Date	July 10, 2003
			First Named Inventor	BUCHANAN, William D.
			Art Unit	2836
			Examiner Name	SQUIRES, Brett S.
Sheet 1	of	1	Attorney Docket Number	AVI 1010-02US

		NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*						
		"Written Opinion of the International Searching Authority," dated August 19, 2005, of the corresponding international application.				
	,					

Examiner	Da	te
Signature	Co	nsidered

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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